								*			
21			•					10) ().	アンカ	91
PATENT APPLICATION FEE DETERMINATION RECOR					Application or Docket Number				ımber		
Effective October 1, 2001						38	190	7.24	1112		
CLAIMS AS FILED - PART I					SMALL	ENTITY		OTHE	R THAN		
OTAL CLAIM	S	(Colum	ın 1)	(Col	umn 2)	R	TYPE		OF		L ENTITY
OR		3/ NUMBER				4	RATE			RATE	FEE
OTAL CHARGE	ABLE CLAIMS	 		NUM	BER EXTRA	ļ	BASIC F	EE 370.0	O P	BASIC FE	₹ 740.00
IDEPENDENT (inus 20=			-	X\$ 9=		OR	X\$18=	
ULTIPLE DEPE	<u> </u>	ninus 3 =			1	X42=		OR	X84=		
					j	+140=		OR	+280=		
f the difference in column 1 is less than zero, enter "0" in column 2				*	TOTAL		OR	TOTAL	1		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)					OTHER THAN						
	CLAIMS REMAINING	1399,630	(Colun	EST	(Column 3)	1	SMALI	ENTITY	OR	SMALL	ENTITY
	AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent	- 30	Minus	- /		=		X\$ 9=		OR	X\$18=	
<u></u>	NTATION OF MI		PENDENT	CLAIM	-		X42=		OR	X84=	·
, 1						'	+140=		OR	+280=	
17/04		•				Ā	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
3 44,84-84,74	(Column 1) CLAIMS		(Colum	n 2)	(Column 3)						
	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total Independent	· 30	Minus	• 3 ₁		=		X\$ 9≃		OR	X\$18=	FEE
epondon	· 4	Minus	nes /	/	2				/		

_	S. S. Miller	(Column 1)	·	(Column 2)	(Column 3)				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	***	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
Š	Total	*	Minus	A4	=				
ME	Independent	*	Minus ***		= ·				
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Trus (IPO:2001 442-124/59197

	FEE			FEE		
\$9≃		98	X\$18=			
42=		OR	X84=	. /		
		OR	+280=			
ADDIT, FEE OR ADDIT, FEE						
	\$ 9= 42= 40= TOTAL T. FEE	\$ 9= 42= 40=	\$ 9= OR 42= OR 40= OR	\$ 9= OR X\$18= 42= OR X84= 40= OR +280=		

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9 ≂		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	

FORM PTO-875 (Rev. 8/01)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**TOTAL OR ADDIT. FEE OR ADDIT. FE